Crohn’s Disease

CONDITION GUIDE
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How to use this guide

We know a diagnosis of Crohn’s disease can be overwhelming. This guide can help answer your questions about your diagnosis and treatment, and give you important information you can share with family or friends.

Your doctor has suggested that you start treatment. This means that your doctor believes you have a good chance of responding to medicine. We’re here to help, every step of the way.

Remember, taking your medicine as prescribed will help you live a healthy life. Please don’t stop taking your medicine without checking with your doctor.

Today’s treatments for Crohn’s disease are individualized, so you have the best chance of responding. Your treatment may be different from other people with Crohn’s disease. This is one reason why it’s important that you talk to your doctor, or your Prime Therapeutics Specialty Pharmacy™ (Prime Specialty Pharmacy) skilled care team, about your questions or concerns.

● Personal support can help make a challenging journey easier

24/7 ACCESS
Visit us online
PrimeTherapeutics.com/Specialty
A pharmacist is always available to answer questions
877.627.6337 (TTY 711)
There are four parts to this guide

1. Understanding your Crohn’s disease
   We’re here to help you learn more about Crohn’s—its causes, risk factors, symptoms and diagnosis. This section can help you take a more active role in managing your condition.

2. Taking care of your body
   Find ways to take charge of your health—both physically and mentally—with proactive changes.

3. Crohn’s disease treatment approaches
   Learn more about the treatment options that your doctor or your Prime Specialty Pharmacy team might suggest. Find out about possible treatment plans, including medicine, and other approaches to help manage Crohn’s disease in a way that works best for you.

4. Understanding side effects
   Learn tips to help reduce side effects, and know when to call your doctor.
Crohn’s disease was named after Dr. Burrill B. Crohn, who first described the disease in 1932. It’s one of a group of conditions known as inflammatory bowel diseases (IBD). Crohn’s disease is a chronic (long-term) condition of the gastrointestinal tract. Crohn’s disease may affect as many as 700,000 Americans.¹

Whether you’re newly diagnosed, or you’ve been living with Crohn’s disease for a while, this guide is designed to help you learn more about your condition and your treatment options.
What is Crohn’s disease?²

Crohn’s disease is a chronic (long-term) condition.

Symptoms of Crohn’s disease include diarrhea and abdominal pain. The limitations on daily activities caused by Crohn’s can be stressful and frustrating. Fortunately, many people can manage their symptoms through lifestyle changes and medicine.

There is currently no cure for Crohn’s, but new and more targeted treatment options are available. More and more patients with Crohn’s are able to get control of their symptoms and lead fulfilling lives, in part because of advances in treatment.

Crohn’s and IBD

Crohn’s disease is one type of IBD. The symptoms of Crohn’s are caused by inflammation (swelling) in the digestive tract. The digestive tract is also called the gastrointestinal, or GI, tract.³

Over time, this inflammation can damage tissue. It can also make it hard for the body to digest food and take in nutrients. Treatments for Crohn’s are focused on reducing pain and inflammation.
**You’re not alone**

A Crohn’s disease diagnosis may leave you feeling very much alone. Find a support group within your community, and friends and family who can be there for you at any time. Keeping a positive outlook can enhance your treatment.

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**Signs and symptoms of Crohn’s disease**

The signs and symptoms of Crohn’s disease differ from person to person. One of the reasons is because Crohn’s affects different areas of the digestive tract. In some people with Crohn’s, only the small intestine is affected. In other people, it may be just the colon.

Symptoms can be mild, moderate or severe. For some people the symptoms come on gradually. For others, they come on suddenly. A pattern of remission and relapse is common. A remission is a period of time with mild or no symptoms. A relapse is defined as symptoms that occur after a period of low disease activity. A “flare” (or “flare-up”) is when existing symptoms suddenly get worse.

**Common symptoms of Crohn’s include:**

- Diarrhea
- Stomach pain and cramping
- Reduced appetite and weight loss
- Blood in the stool
- Ulcers in the intestine or the mouth

**People with Crohn’s may also experience other types of symptoms:**

- Fever
- Fatigue
- Nausea
- Vomiting
- Low energy
- Malaise
- Joint pain
- Skin disorders

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The digestive tract

The digestive tract performs tasks that are essential to life. It helps the body take in nutrients from the food we eat and rids the body of waste.

Parts of the digestive tract

<table>
<thead>
<tr>
<th>PART</th>
<th>FUNCTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mouth</td>
<td>• Chews food to break it down into pieces that are easy to digest.</td>
</tr>
<tr>
<td></td>
<td>• Adds saliva (spit) to break down food further into a form the body can use.</td>
</tr>
<tr>
<td>Esophagus</td>
<td>• Passes food to the stomach through a series of muscle contractions.</td>
</tr>
<tr>
<td>Stomach</td>
<td>• Continues to break down food with acid and other substances.</td>
</tr>
<tr>
<td></td>
<td>• Passes processed food to the small intestine.</td>
</tr>
<tr>
<td>Small intestine</td>
<td>• Consists of three segments: the duodenum, jejunum and ileum.</td>
</tr>
<tr>
<td></td>
<td>• The duodenum continues to break down food with the help of secretions from the liver, the gall bladder and the pancreas.</td>
</tr>
<tr>
<td></td>
<td>• The jejunum and the ileum absorb nutrients into the blood.</td>
</tr>
<tr>
<td>Large intestine</td>
<td>• Absorbs water, salt and some nutrients; what is left is waste that leaves the body.</td>
</tr>
<tr>
<td></td>
<td>• Made up of the cecum, the four segments of colon (ascending, transverse, descending, and sigmoid colon), and the rectum.</td>
</tr>
<tr>
<td></td>
<td>• Connects to the anus via the rectum.</td>
</tr>
</tbody>
</table>

The term “bowel” is used interchangeably with the term “intestine.” The terms “small bowel” and “large bowel” refer to the small and the large intestines, respectively.
**Immune system and Crohn’s disease**

The digestive tract has contact with the outside world through the mouth and the anus. As a result, bacteria or viruses can get inside.

In people with Crohn’s disease, the immune system can’t tell the difference between normal cells and foreign cells. It begins to attack normal cells, too. This is called an autoimmune disease.

As the autoimmune process continues, so does the inflammation. Chronic inflammation causes the walls of the intestines to thicken and the inner passageway to narrow (or, stricture). This leads to the symptoms of Crohn’s.

Crohn’s disease can happen any place along the digestive tract from the mouth to the anus.

**The most common areas are:**

- The ileocecal region (the area between the ileum of the small intestine and the cecum of the large intestine)
- The colon
- The small intestine

Sometimes there are healthy sections of tissue between inflamed sections. The specific symptoms of Crohn’s can depend on the location of the inflammation.
Who develops Crohn’s disease?

Crohn’s disease affects certain populations of people more than others. Some people are at increased risk for developing Crohn’s disease.

Men and women are equally affected. Although Crohn’s disease can occur at any age, it is most often diagnosed in young adults.

What are the risk factors for developing Crohn’s disease?

- **Age:** Most people are diagnosed between the ages of 15 and 35, but people of any age can get Crohn’s.
- **Race:** Caucasians have a higher risk of Crohn’s than do those of other ethnicities.
- **Family history:** Many people with Crohn’s have a family history of the disease. About 20–25% may have a close relative with either Crohn’s or ulcerative colitis.
- **Smoking:** Smoking increases the risk of getting Crohn’s. It also leads to more severe symptoms, including greater risk of needing surgery.
- **Environment:** People living in cities and developed countries have higher rates of Crohn’s than other people; this difference may be related to diet. Those living in northern climates are also at higher risk.

Other factors, such as infections close to the time of birth and a certain genetic makeup, may also be related to a higher risk of Crohn’s. Crohn’s appears to be caused by a combination of environmental and genetic factors.

Diagnosing Crohn’s disease

Many symptoms of Crohn’s disease are also common in other health conditions. Doctors combine information from different sources to make a diagnosis.

Your doctor will first conduct a medical history. He or she will ask questions that will help with diagnosis. Your doctor may ask about family history, cigarette smoking and other possible sources of your symptoms, such as an infection or a medicine. Being specific about your symptoms can help your doctor make a correct diagnosis. He or she will also conduct a physical exam to check for signs of Crohn’s.

**Signs include:**

- Stomach tenderness
- Sores in the mouth
- Weight loss

Finally, your doctor will order some tests to confirm the diagnosis of Crohn’s and to rule out other causes.
### Possible complications

<table>
<thead>
<tr>
<th>COMPLICATION</th>
<th>DESCRIPTION</th>
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<tbody>
<tr>
<td>Bowel obstruction</td>
<td>• Parts of the intestine (bowel) thicken and narrow; this may block the flow of material through the intestine.</td>
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<tr>
<td>Fistulas</td>
<td>• A fistula is an abnormal connection between an organ, vessel, or intestine and another structure.</td>
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<tr>
<td></td>
<td>• They can result from infection or inflammation.</td>
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<tr>
<td></td>
<td>• Inflammatory bowel disease, such as ulcerative colitis or Crohn's disease, is an example of a disease that leads to fistulas between one loop of intestine and another.</td>
</tr>
<tr>
<td>Anal fissures</td>
<td>• Small tears in the anus that may cause itching, pain or bleeding.</td>
</tr>
<tr>
<td></td>
<td>• Most fissures heal with medical including ointments, warm baths and dietary changes.</td>
</tr>
<tr>
<td>Ulcers</td>
<td>• Open sores in the mouth, stomach, intestines, anus and perineum (the area between the anus and the sex organs).</td>
</tr>
<tr>
<td></td>
<td>• They can be caused by inflammation anywhere along the GI tract.</td>
</tr>
<tr>
<td></td>
<td>• In most cases, the treatment for Crohn's disease will also treat the ulcers.</td>
</tr>
<tr>
<td>Malnutrition</td>
<td>• Caused when the body doesn’t get the right amount of vitamins, minerals and nutrients it needs.</td>
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<tr>
<td></td>
<td>• In severe cases, a doctor may recommend IV fluids or feeding tubes to make sure a person is getting the nutrients they need.</td>
</tr>
<tr>
<td>Problems in other parts of the body</td>
<td>• Arthritis</td>
</tr>
<tr>
<td></td>
<td>• Inflammation of the eyes or the skin</td>
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<tr>
<td></td>
<td>• Kidney stones</td>
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<tr>
<td></td>
<td>• Gallstones</td>
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<tr>
<td></td>
<td>• Brittle bones</td>
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</table>
## Tests used to diagnose Crohn’s disease

<table>
<thead>
<tr>
<th>Test Type or Name</th>
<th>Procedure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blood tests</td>
<td>• Blood is drawn from a vein in the arm.</td>
</tr>
<tr>
<td>Stool sample</td>
<td>• A stool sample is collected and examined under a microscope.</td>
</tr>
</tbody>
</table>
| Colonoscopy                       | • A long, flexible tube with a small camera attached is used to view the entire colon.  
                                         • Tube is inserted through the rectum.                                     |
| Flexible sigmoidoscopy            | • A short, flexible tube is used to view the sigmoid (the last section of the colon).  
                                         • Tube is inserted through the rectum.                                     |
| Magnetic resonance imaging (MRI)  | • Magnetic and radio waves are used to create a detailed picture of organs.  
                                         • There is no radiation exposure during an MRI.                             |
| Computed tomography (CT) scan     | • A special X-ray procedure is used to give a detailed picture.           
                                         • A series of X-ray views taken from many different angles are combined to produce cross-sectional images of the bones and soft tissues inside your body. |
| Barium enema                      | • An enema is given using barium, a substance that lines the digestive track and shows up on an x-ray.  
                                         • Tube is inserted through the rectum.                                     |
| Capsule endoscopy                 | • A capsule with a small camera inside of it is swallowed and passes naturally along the digestive tract.  
                                         • As the camera moves, it takes pictures and sends the images to a computer. |
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<table>
<thead>
<tr>
<th>TEST TYPE OR NAME</th>
<th>PROCEDURE</th>
<th>PURPOSE</th>
</tr>
</thead>
</table>
| **Blood tests** | Blood is drawn from a vein in the arm. | • Check for iron. Patients with Crohn’s do not absorb iron normally, which can lead to anemia.  
• Check white blood cell count. White blood cell count may be increased in patients with inflammation.  
• Check liver enzymes. Abnormal liver function tests can indicate complications of Crohn’s related to the liver and other systems.  
• Check antibodies for Crohn’s. The doctor may order these tests if he/she is not sure whether you have Crohn’s or another related illness. |
| **Stool sample** | A stool sample is collected and examined under a microscope. | • Check for blood in stool.  
• Check for bacteria to rule out infection as a possible cause of symptoms. |
| **Colonoscopy** | A long, flexible tube with a small camera attached is used to view the entire colon. Tube is inserted through the rectum. | • Check for damage from inflammation related to Crohn’s.  
• Biopsy (collect a small piece of tissue) to examine under a microscope. |
| **Flexible sigmoidoscopy** | A short, flexible tube is used to view the sigmoid (the last section of the colon). Tube is inserted through the rectum. | • Check for damage from inflammation related to Crohn’s.  
• Biopsy (collect a small piece of tissue) to examine under a microscope. |
| **Magnetic resonance imaging (MRI)** | Magnetic and radio waves are used to create a detailed picture of organs. There is no radiation exposure during an MRI. | • Diagnose and manage Crohn’s.  
• Check for complications.  
• Assess extent of disease. |
| **Computed tomography (CT) scan** | A special X-ray procedure is used to give a detailed picture. A series of X-ray views taken from many different angles are combined to produce cross-sectional images of the bones and soft tissues inside your body. | • Check for amount of damage and extent of disease.  
• Check for complications of Crohn’s. |
| **Barium enema** | An enema is given using barium, a substance that lines the digestive track and shows up on an x-ray. Tube is inserted through the rectum. | • Check for amount or location of inflammation throughout the digestive tract. |
| **Capsule endoscopy** | A capsule with a small camera inside of it is swallowed and passes naturally along the digestive tract. As the camera moves, it takes pictures and sends the images to a computer. | • Confirm diagnosis when signs and symptoms of Crohn’s are present but other tests are negative. |
Helping your family and friends understand a Crohn’s disease diagnosis

It’s up to you to decide when and how to tell your family and friends about your diagnosis. The people who care about you may have questions, and may be worried. If these questions seem overwhelming, or you’re having trouble responding, consider saying, “I’ll share more information when I learn more from my doctor.”

Taking the time to educate family and friends about Crohn’s can help them to understand and support you. Including them in your lifestyle changes and plans can help increase morale—both yours and theirs. It can also give them a more realistic view of your experience. You can explain to your loved ones when you need help and when you prefer to be independent.
Taking care of your body

There’s nothing worse than feeling like your body is out of control. Luckily, there are ways you can reduce stress, both physically and mentally. Talking with your doctor is the best way to develop a plan to manage your Crohn’s disease and take care of your body. Your plan may include lifestyle changes — things that you can do to reduce your symptoms and improve your overall health. Keep reading to find out more.
Take charge of your health

In addition to working with your doctor, there are things you can do to take control of your health and manage your symptoms. People who actively manage their conditions report better outcomes, fewer visits to the doctor and a better quality of life.

Things you can do include:

→ Eating a healthy diet
→ Taking a multivitamin
→ Supporting your emotional health

Eating healthy

There is no diet that is universally best for people with Crohn’s disease. Eating a healthy diet gives your body the fuel it needs to perform at its best. Invest the time to learn how to improve your diet.

Good nutrition can help:

→ Improve immune function
→ Reduce inflammation
→ Increase muscle strength
→ Increase energy
→ Stabilize your mood
→ Manage fatigue

A balanced diet includes plenty of fruits, vegetables and whole grains. It also limits salt, sugar, saturated fat and alcohol. It may include daily vitamins and minerals.

Foods rich in omega-3 fatty acids, such as fish, may be helpful in reducing inflammation.
**The DASH diet**

If you’re looking for a specific diet to follow, the Dietary Approaches to Stop Hypertension (DASH) diet tops many lists and is recommended by the U.S. Department of Agriculture (USDA) as an ideal food plan for all Americans.

The DASH diet was originally designed for people with high blood pressure. But, it may be useful as a foundation for your own eating plan. This diet plan is rich in fruits, vegetables, whole grains and low-fat dairy products. It also includes lean meat, fish, poultry, nuts and beans. It limits red meat, foods and beverages sweetened with sugar, and foods high in fat.

**Food sensitivities**

Autoimmune disease may increase your likelihood of experiencing sensitivities to various foods. Note how your diet affects your symptoms. Try to avoid any foods that seem to make your symptoms worse.

No two people with Crohn’s disease react to foods in the same way. But, certain foods are known to make diarrhea worse.

**If you have problems with diarrhea or gas, try these tips:**

- **Eat five to six small meals** throughout the day.
- **Drink small amounts of water throughout the day.** Avoid caffeine and alcohol.
- **Limit foods that are high in fiber,** like bran, beans, nuts, seeds and corn.
- **Limit fatty or greasy foods,** such as fried foods.
- **Limit foods that are high in fat,** like as heavy cream, butter or margarine.
- **Limit dairy foods** if they bother your stomach.
- **Use low lactose products** (for example, some cheeses) and take an over-the-counter product like Lactaid to help the digestive process.
- **Take note of foods that cause gas and avoid them.** Common foods that can cause gas include beans, cabbage, spicy foods, citrus fruits, broccoli and cauliflower.
Vitamins

Crohn’s disease may affect the body’s ability to absorb nutrients. Since your diet may be limited in order to control symptoms, vitamin and mineral supplements are often helpful to supply the body with essential nutrients.

Ask your doctor which vitamins or minerals could help manage your symptoms and keep your healthy. Note how your diet affects your symptoms and discuss any diet changes with your doctor or nutritionist.

Smoking

Smoking can make Crohn’s worse. Smokers with Crohn’s are at greater risk of relapse, repeat surgeries and needing more medicines. Quitting smoking can help to reduce these risks and improve your overall health. Talk about your options for quitting with your doctor, or look online for ideas on how to quit.


→ Cancer.org: Initiatives for people stopping smoking, including support, handling cravings and ways to stay tobacco-free.

Supporting your emotional health

Maintaining your emotional health can help to maintain your physical health. Some people become overwhelmed with their diagnosis and the life adjustments they need to make. This is normal. Managing your stress and asking for help from friends, family or professionals are important aspects of staying healthy. Many people also benefit from in-person or online support groups.

It is common for people with Crohn’s to feel worried, embarrassed or even depressed about their symptoms. Having Crohn’s can put a damper on many parts of your life from time to time. Getting support can help you get through difficult times.
Stress

Any diagnosis of a long-term condition can be very stressful. This stress may make the challenges of life difficult to handle. Stress can also increase the chance of flares. Here are some great ways you can manage your stress:

- **Write it down:** Record your thoughts in a journal and read through it often. Celebrate daily successes and share opportunities and challenges to help your brain recognize the many sides of your life.

- **Take a break:** When you’re in the midst of a particularly difficult moment, take a step back and take a deep breath. Even taking a small nap or watching something you enjoy on TV may help brighten your mood.

- **Find a support group:** Every individual needs a healthy balance of people that are able to help in stressful situations. Keep phone numbers handy for family or friends you trust. Reach out to them as often as needed.

Depression

Depression is not a character flaw or weakness. It’s a health problem that starts from a chemical imbalance in the brain. If you have thoughts of suicide or of harming yourself or others, call 911 or go to the emergency room.

*A note on depression*

Everyone feels sad now and then. Sometimes a deep sadness or loss of interest in activities you usually enjoy can actually be a medical illness called depression. Depression can cause deeply sad feelings or high anxiety around everyday activities, and may make it hard to live your life the way you want.

If you think you may be depressed, talk with your doctor. Your doctor may prescribe an antidepressant medicine to help with your symptoms. Please note that it may take several weeks for you to feel the full benefit of antidepressants. Your doctor may also recommend counseling for you with a mental health professional. It may be helpful to speak to someone about the impact Crohn’s has had on your life.
Crohn’s disease treatment approaches

Taking an active role in your care includes paying careful attention to both symptoms and treatment. It also means talking openly with your doctor. This part of the guide can help you:

- Track your disease symptoms and medicine side effects
- Understand more about how your condition might affect your quality of life
- Understand more about how to get the most from your medicine therapy
- Record questions or concerns to discuss with your doctor
Treatment strategies and goals

In addition to lifestyle changes, treatment for Crohn’s usually involves medication therapy. It may also require surgery for some patients. We describe medication and surgical options in this part of the guide. First, it is important to understand the goals of treatment.

Since Crohn’s is a chronic condition, it can progress over time, especially if left untreated.

Realistic treatment goals include:

- Promoting remission of symptoms
- Preventing flare-ups (maintaining remission)
- Promoting healing of inflamed or damaged tissues that cause symptoms
- Limiting complications of disease
- Reducing hospitalizations
- Reducing need for corticosteroids
- Improving quality of life

The future is bright

Crohn’s disease studies are happening every day. While doctors prefer not to use the word “cure” when talking about Crohn’s, clinical trials for new treatments are happening year-round. These studies continue to help doctors make progress with Crohn’s disease. You never know when the next clinical trial can lead to an incredible discovery.
Staying on track with your medicines

Even when you’re in remission, Crohn’s disease is still active in your body. So it’s important to take your medicine as directed by your doctor, even if you feel well.

Staying on track gives you the best chance of managing your Crohn’s long-term and improving your quality of life. Treatments can only work when you follow your doctor’s directions. This can be hard sometimes. Taking medications for Crohn’s requires time, commitment and patience in learning how to manage side effects.

It may be hard to take your medicine when you are having side effects. If side effects persist, get worse or interfere with your ability to take your medicine as prescribed, talk to your doctor or your Prime Specialty Pharmacy care team.

You can take steps to make sure you are getting the most out of your Crohn’s therapy:

**DO**

→ Call your doctor or pharmacist with any questions you may have about your Crohn’s disease medicines.

→ Educate yourself about your Crohn’s medicines, especially risks and warnings.

→ Keep a list of the names and amounts of medicines you are taking.

→ Stick to the medicine schedule your doctor has prescribed.

→ Add taking your medicines into your normal routine.

→ Plan ahead when you will be away from home to make sure you have enough medicine.

→ Check with your doctor before starting any new medicines, including vitamins, supplements, herbal remedies, prescription medicines and over-the-counter products.

→ Drink plenty of fluids. The best choices are water, clear fruit juices and other caffeine-free drinks.

**DON’T**

→ Skip or change doses. By taking your medicine as prescribed, you will improve your chances for a positive treatment outcome.
**Administering your medicine**

Some medicines for Crohn’s disease cannot be taken by mouth. Instead, they must be injected under the skin, into a muscle or into a vein.

Giving yourself an injection may sound stressful at first. But you can learn to do it comfortably. Your doctor, nurse or pharmacist can show you the right way to inject yourself. They can also talk to you about any concerns you have. They often can provide a device to help you deliver your injections.

In some cases, you may have to go to the hospital or a clinic to get an injection into a vein. This is called an intravenous infusion and is done by a doctor or nurse.

**Injection-site reactions**

An injection-site reaction is your body’s natural response to injury. The injury is caused by the needle passing through the skin to inject medicine deep into the skin or muscle. Knowing how to manage side effects like injection site reactions can help you keep up with your treatment schedule, which is important in managing your Crohn’s.

**The following steps may help reduce or prevent these reactions:**

<table>
<thead>
<tr>
<th>STEP</th>
<th>EXPLANATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preparation</td>
<td>● Make sure the medicine is at room temperature before injection. Applying ice to the site before and after injection may lessen injection-site reactions.</td>
</tr>
<tr>
<td>Method</td>
<td>● Ensure that you are using the correct injection method for your medicine.</td>
</tr>
<tr>
<td>Placement</td>
<td>● Rotate each new injection site at least 1 inch apart.</td>
</tr>
<tr>
<td></td>
<td>● Avoid injecting into areas that are swollen, red or hard.</td>
</tr>
<tr>
<td></td>
<td>● Record when and where you inject each time to help keep track.</td>
</tr>
<tr>
<td>Supplies</td>
<td>● Use a new needle for each injection.</td>
</tr>
</tbody>
</table>

Ask your doctor if you can take medicine for any pain or swelling you may experience. Call your doctor if you notice any of these symptoms after an injection, or if the injection site does not heal within a few days:

- Nausea
- Vomiting
- Fever
- Low blood pressure (experienced as dizziness or fainting)
**Overview of medicines to treat Crohn’s disease**

There is no cure for Crohn’s disease. However, there are medicines that can improve symptoms and promote remission. There are four classes of medicines used to treat Crohn’s. Each type of medicine works in a slightly different way. Each has benefits and potential side effects.

**Anti-inflammatory drugs**

Anti-inflammatory drugs are often the first choice of treatment for patients with Crohn’s. The two types of anti-inflammatory drugs are 5-aminosalicylic acids (5-ASAs) and corticosteroids. 5-ASAs have a targeted site of action within the body as compared to corticosteroids, which exhibit their effects throughout the whole body.

<table>
<thead>
<tr>
<th>DRUG NAME</th>
<th>USES</th>
<th>FORMS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>5-ASAs</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| (sulfasalazine) (Azulfidine, Sulfazine) | • Control mild to moderate symptoms  
• Maintain remission  
• Combine with other medicines for severe Crohn’s | • Oral tablet |
| balsalazide (Colazal)  
mesalamine (Apriso, Asacol, Canasa, Lialda, Pentasa, Rowasa)  
olsalazine (Dipentum) | • Control mild to moderate symptoms  
• Maintain remission (Apriso, Asacol and Lialda)  
• Induction of remission (Canasa, Asacol, Lialda, Pentasa and Rowasa) | • Oral tablet  
• Enema  
• Suppository  
• Capsule |
| **Corticosteroids** |      |       |
| budesonide (Entocort EC)  
cortisone dexamethasone (Decadron)  
hydrocortisone (Anucort HC, Anusol HC, Cortifoam, Proctocort, Proctosol HC, Proctozone HC)  
methylprednisolone (Medrol)  
prednisolone (Orapred)  
prednisone (Deltasone) | • Short-term control of moderate to severe symptoms  
• Especially for people who don’t respond to treatment with 5-ASAs | • Capsule  
• Enema  
• Suppository  
• Cream  
• Intravenous (IV) in severe cases; given in hospital  
• Oral suspension (liquid) |

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*Additional drug information can be found on our website at myPrime.com/specialtyconditions.*
There is no cure for Crohn’s disease. However, there are medicines that can improve symptoms and promote remission. There are four classes of medicines used to treat Crohn’s. Each type of medicine works in a slightly different way. Each has benefits and potential side effects.

### Anti-inflammatory Drugs

Anti-inflammatory drugs are often the first choice of treatment for patients with Crohn’s. The two types of anti-inflammatory drugs are 5-aminosalicylic acids (5-ASAs) and corticosteroids. 5-ASAs have a targeted site of action within the body as compared to corticosteroids, which exhibit their effects throughout the whole body.

<table>
<thead>
<tr>
<th>DRUG NAME</th>
<th>USES</th>
<th>FORMS</th>
<th>POSSIBLE SIDE EFFECTS</th>
<th>IMPORTANT INFORMATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>5-ASAs</td>
<td>Control mild to moderate symptoms</td>
<td><strong>Oral tablet</strong></td>
<td>Nausea, Vomiting, Heartburn</td>
<td>People with allergies to sulfa or to aspirin should not take this drug. Increases sensitivity to sunlight and risk of sunburn. Targets the colon.</td>
</tr>
<tr>
<td>balsalazide</td>
<td>Maintain remission</td>
<td><strong>Oral tablet</strong></td>
<td>Nausea, Vomiting, Heartburn</td>
<td>People with allergies to sulfa or to aspirin should not take these drugs.</td>
</tr>
<tr>
<td>mesalamine</td>
<td>Control mild to moderate symptoms</td>
<td><strong>Oral tablet, Enema, Suppository, Capsule</strong></td>
<td>Nausea, Vomiting, Heartburn, Diarrhea</td>
<td>Pentasa, Asacol and Apriso are effective for Crohn’s involving the small intestine.</td>
</tr>
<tr>
<td>olsalazine</td>
<td>Induction of remission</td>
<td><strong>Oral tablet, Enema, Suppository</strong></td>
<td>Nausea, Vomiting, Heartburn, Diarrhea</td>
<td></td>
</tr>
<tr>
<td>Corticosteroids</td>
<td>Short-term control of moderate to severe symptoms</td>
<td><strong>Capsule, Enema, Suppository, Cream, Intravenous (IV) in severe cases; given in hospital, Oral suspension (liquid)</strong></td>
<td>Puffy face, Acne, Increased facial hair, Insomnia, Mood swings, High blood pressure</td>
<td>People with allergies to sulfa or to aspirin should not take these drugs.</td>
</tr>
<tr>
<td>budesonide</td>
<td>Especially for people who don’t respond to treatment with 5-ASAs</td>
<td><strong>Capsule, Enema, Suppository, Cream, Intravenous (IV) in severe cases; given in hospital, Oral suspension (liquid)</strong></td>
<td>Puffy face, Acne, Increased facial hair, Insomnia, Mood swings, High blood pressure</td>
<td></td>
</tr>
<tr>
<td>cortisone dexamethasone</td>
<td></td>
<td></td>
<td></td>
<td>Should not be used long-term.</td>
</tr>
<tr>
<td>hydrocortisone</td>
<td></td>
<td></td>
<td></td>
<td>May be used in combination with other medicines.</td>
</tr>
<tr>
<td>methylprednisolone</td>
<td></td>
<td></td>
<td></td>
<td>To limit side effects, doctors may prescribe every-other-day dosing, and/or use a corticosteroid that moves through the body quickly or is applied rectally.</td>
</tr>
<tr>
<td>prednisolone</td>
<td></td>
<td></td>
<td></td>
<td>Do not stop oral corticosteroids suddenly. They should be tapered off.</td>
</tr>
<tr>
<td>prednisone</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Immunomodulators

Immunomodulator drugs target the immune system. These drugs reduce the immune response, which helps to offset the effects of Crohn’s disease. These medicines are usually used when other treatments are not effective. It can take up to three months to start to see improvement, and up to six months to see the full effects of these medicines.

Immunosuppressants may be given along with a corticosteroid. The corticosteroid works to reduce inflammation in the short term until the immunosuppressant reaches full effect.

These medicines are associated with a slight risk of developing cancer, such as lymphoma. Your doctor will decide if any of these medicines is the best option for you to effectively manage your Crohn’s disease.

<table>
<thead>
<tr>
<th>DRUG NAME</th>
<th>USES</th>
<th>FORMS</th>
</tr>
</thead>
<tbody>
<tr>
<td>azathioprine (Imuran, Azasan)</td>
<td>Long-term therapy for symptoms that have not responded to other therapies</td>
<td>Oral tablet</td>
</tr>
<tr>
<td>mercaptopurine (6-MP, Purinethol)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>cyclosporine (Gengraf, Sandimmune, Neoral)</td>
<td>Short-term therapy for symptoms that have not responded to other therapies</td>
<td>Capsule</td>
</tr>
<tr>
<td>tacrolimus (Prograf)</td>
<td></td>
<td>Oral solution</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Topical ointment (tacrolimus)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>IV</td>
</tr>
<tr>
<td>methotrexate (Trexall)</td>
<td>Long-term therapy for symptoms that have not responded to other therapies</td>
<td>Injection</td>
</tr>
</tbody>
</table>

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### Possible Side Effects

<table>
<thead>
<tr>
<th>POSSIBLE SIDE EFFECTS</th>
<th>IMPORTANT INFORMATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nausea, Vomiting</td>
<td>May take three months to see an effect and up to six months for the full effects.</td>
</tr>
<tr>
<td>Inflammation of the liver and/or pancreas</td>
<td>Need regular follow-up and blood tests while on this medication.</td>
</tr>
<tr>
<td>Bone marrow suppression (anemia, thrombocytopenia, leukopenia)</td>
<td>Sometimes prescribed with corticosteroid.</td>
</tr>
<tr>
<td>Risk of infection</td>
<td>Fast-acting (1–2 weeks).</td>
</tr>
<tr>
<td>Headache</td>
<td>Not for long-term use.</td>
</tr>
<tr>
<td>Insomnia</td>
<td>Often used to help heal Crohn’s fistulas.</td>
</tr>
<tr>
<td>Tremor</td>
<td>Check blood pressure and kidney function regularly.</td>
</tr>
<tr>
<td>Abdominal pain</td>
<td>Need regular follow-up and blood tests while on these medications.</td>
</tr>
<tr>
<td>Nausea, Vomiting</td>
<td></td>
</tr>
<tr>
<td>Kidney damage</td>
<td></td>
</tr>
<tr>
<td>Liver damage</td>
<td></td>
</tr>
<tr>
<td>Risk of infection</td>
<td></td>
</tr>
<tr>
<td>Headache</td>
<td></td>
</tr>
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<td>Insomnia</td>
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<td>Abdominal pain</td>
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<td>Nausea, Vomiting</td>
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<tr>
<td>Kidney damage</td>
<td></td>
</tr>
<tr>
<td>Liver damage</td>
<td></td>
</tr>
<tr>
<td>Skin reactions</td>
<td></td>
</tr>
<tr>
<td>Pulmonary disease</td>
<td></td>
</tr>
<tr>
<td>Kidney damage</td>
<td></td>
</tr>
<tr>
<td>Long-term use may lead to scarring of the liver and cancer</td>
<td></td>
</tr>
<tr>
<td>Fast-acting</td>
<td></td>
</tr>
<tr>
<td>Given weekly</td>
<td></td>
</tr>
<tr>
<td>Can cause birth defects and spontaneous abortions.</td>
<td></td>
</tr>
<tr>
<td>Have regular blood tests for side effects.</td>
<td></td>
</tr>
</tbody>
</table>

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Biologic response modifiers

Biologic response modifiers (BRMs) target specific parts of the body’s immune system. Specifically, they help stop inflammation before it starts.

BRMs are not recommended as the first option for the treatment of Crohn’s. However, people with moderate to severe symptoms who have not responded to other treatments may benefit from them.

This class of drugs may increase your risk for infections, certain types of cancer (lymphoma) and side effects. Your doctor will weigh the risks and benefits of treatment with a BRM and work with you to decide on the best options. Allergy-related reactions to BRMs can include:

- Hives
- Difficulty breathing
- Chest pain
- Change in blood pressure
- Fever and chills
- Swelling of face and hands
- Difficulty swallowing

<table>
<thead>
<tr>
<th>DRUG NAME</th>
<th>USES</th>
<th>FORMS</th>
</tr>
</thead>
<tbody>
<tr>
<td>adalimumab (Humira)</td>
<td>• Moderate to severe Crohn’s in patients who have not responded to other treatments</td>
<td>• Injection</td>
</tr>
<tr>
<td>certolizumab (Cimzia)</td>
<td></td>
<td>• Infusion (Remicade)</td>
</tr>
<tr>
<td>infliximab (Remicade)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>natalizumab (Tysabri)</td>
<td>• Moderate to severe Crohn’s with evidence of inflammation (for people who are not responding to other therapies, including immunosuppressants and other biologics)</td>
<td>• Infusion</td>
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<th>FORMS</th>
<th>POSSIBLE SIDE EFFECTS</th>
<th>IMPORTANT INFORMATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>adalimumab (Humira)</td>
<td>Moderate to severe Crohn’s in patients who have not responded to other treatments</td>
<td>Injection</td>
<td>Increased risk of tuberculosis (TB) and other serious infections</td>
<td>Don’t take these medicines if you have an active infection.</td>
</tr>
<tr>
<td>certolizumab (Cimzia)</td>
<td></td>
<td>Infusion (Remicade)</td>
<td>Nausea, Upper respiratory tract infection, Injection-site reactions, Headache, Heart failure,</td>
<td>Tell your doctor if you have or have had heart failure, multiple sclerosis or cancer.</td>
</tr>
<tr>
<td>infliximab (Remicade)</td>
<td></td>
<td></td>
<td>Nervous system problems, Blood problems, Liver problems, Psoriasis, Allergy-related reactions: these may occur during or after infusion</td>
<td>You should have a chest x-ray, a skin test for TB and a test for hepatitis B before starting these medicines.</td>
</tr>
<tr>
<td>natalizumab (Tysabri)</td>
<td>Moderate to severe Crohn’s with evidence of inflammation (for people who are not responding to other therapies, including immunosuppressants and other biologics)</td>
<td>Infusion</td>
<td>Rare but serious risk of a brain infection that can lead to severe disability or death</td>
<td>Must be enrolled in a special program to receive this treatment.</td>
</tr>
</tbody>
</table>

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Antibiotics

Antibiotics are sometimes used to help heal fistulas and abscesses (localized collections of pus). These medicines may also have a beneficial effect on bacteria in the intestine. The two most commonly prescribed antibiotics for Crohn’s are:

- Metronidazole (Flagyl)
- Ciprofloxacin (Cipro)

Treating specific symptoms of Crohn’s disease

Your doctor may also prescribe medicines to help relieve specific symptoms.

<table>
<thead>
<tr>
<th>SYMPTOM</th>
<th>TREATMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diarrhea</td>
<td>• Fiber supplements like Metamucil or Citrucel can add bulk to stool and relieve mild to moderate symptoms (if you can tolerate fiber).</td>
</tr>
<tr>
<td></td>
<td>• Loperamide (Imodium) may be used for severe diarrhea.</td>
</tr>
<tr>
<td>Constipation</td>
<td>• Your doctor may recommend a laxative to help with constipation.</td>
</tr>
<tr>
<td></td>
<td>• <strong>Important:</strong> Never take a laxative — even one sold over the counter — without speaking to your doctor first.</td>
</tr>
<tr>
<td>Pain</td>
<td>• Acetaminophen (Tylenol) may help to relieve pain associated with Crohn’s.</td>
</tr>
<tr>
<td>Intestinal bleeding or anemia</td>
<td>• Avoid aspirin, ibuprofen (Advil, Motrin, etc.) and naproxen (Aleve); these may make your symptoms worse.</td>
</tr>
</tbody>
</table>

Nutritional therapy

In some cases, your doctor may also manage your Crohn’s disease with a special diet given through a feeding tube or IV. This treatment helps to keep up your nutrition and calms down the intestine. This is usually a short-term treatment and may be used along with medications. This approach may also be used before surgery or in patients for whom medicines have not been helpful.
Surgical options

Even with medicine therapy, up to 20 percent of people with Crohn’s may need to have at least one surgery to treat their condition. Surgery can’t cure Crohn’s, but it may help to make it more manageable.

The effects of surgery are temporary. The symptoms often come back over time. All surgeries have some risk, so this approach is reserved for certain situations.

**Surgery may be the best option for people with:**
- → Bowel obstruction or blockage
- → Excessive bleeding
- → Bowel perforation
- → Fistula (see page 9)
- → Poor or no response to medication

**Common types of surgery used to treat Crohn’s disease**

<table>
<thead>
<tr>
<th>TYPE OF SURGERY</th>
<th>PURPOSE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strictureplasty²</td>
<td>• Widens the areas of stricture in the small intestine without removing any of the organ.</td>
</tr>
<tr>
<td>Resection²</td>
<td>• Removes damaged areas of intestine, especially strictures, and joins the two new ends together.</td>
</tr>
<tr>
<td>Colectomy²</td>
<td>• Removes the whole colon.</td>
</tr>
<tr>
<td>Proctocolectomy²</td>
<td>• Removes the whole colon and rectum, followed by an Ileostomy. The ileostomy brings the ileum — the end of the small intestine — out onto the surface of the skin. The surgeon creates a stoma, or opening, in the abdomen. A removable pouch, called an ostomy pouch, connects to the stoma to collect intestinal contents after digestion. People who have a proctocolectomy will live with the stoma and ostomy pouch for the rest of their lives.</td>
</tr>
</tbody>
</table>
Complementary and alternative medicine

Complementary medicine and alternative medicine (CAM) refers to treatments such as herbal treatments or acupuncture. The United States government does not regulate these therapies. There is no way to guarantee their safety. While some people derive benefit from CAM, these treatments can also worsen your condition.

Make sure that you get your information from a reliable source before starting CAM. Weigh the risks and benefits of the therapy carefully.

If you decide to use a complementary therapy:

- Tell your doctor and pharmacist
- Listen to your doctor’s advice regarding the therapy
- Continue with your conventional therapy as directed
- Document CAM you are using and when, as well as any unexpected side effects
- Speak with your doctor before taking any nutritional supplements; these can be harmful and life-threatening under some circumstances
Understanding side effects

You may have concerns about possible side effects of your Crohn’s medicine and treatment. These concerns can sometimes make it hard to stay on track. It helps to set realistic expectations about how your treatment may affect you. Talk with your doctor about any side effect that doesn’t go away after a little while.
Possible side effects

1. **If you’re having trouble sleeping**, consider avoiding caffeine or eating too close to bedtime. You may also consider developing a peaceful bedtime routine that can help your body and mind relax in the evening. Many people have found that relaxation techniques such as yoga, meditation or deep breathing can help them fall asleep.

2. **If headaches are becoming more regular**, consider drinking more fluids—especially water. Some people find that dark rooms or warm baths can help reduce some headache symptoms. Make sure to speak with your doctor or a pharmacist at Prime Specialty Pharmacy before you take any over-the-counter pain reliever.

3. **If you are experiencing a fever**, make sure that you drink plenty of fluids. Remember, if you have a high fever that lasts more than 48 hours, tell your doctor immediately.

Heartburn

Heartburn can be both a symptom of Crohn’s disease, as well as a side effect from some medicines. If you’re taking anti-inflammatory medicines or corticosteroids, your heartburn may be a side effect. Talk to your doctor to see if adding an over-the-counter medicine to reduce stomach acid will fit into your treatment plan.

**Osteopenia (mild thinning of bones) or osteoporosis (severe thinning of bones)**

Bone loss can occur as a result of Crohn’s disease. But this complication is even more common if you take a corticosteroid to control your symptoms.

**Be sure to:**
- Get a special x-ray, called a bone mineral density scan
- Ask your doctor about daily calcium and vitamin D supplements
Skin rash

Some medicines for Crohn’s disease can cause dry, itchy skin, or even a rash. Constant scratching can lead to infection.

Here are tips for keeping your skin in optimal shape:

→ Use an oatmeal bath product to protect your skin and prevent itching.
→ Wash with an unscented moisturizing soap.
→ Use lukewarm water instead of hot.
→ Drink plenty of fluids to keep your skin hydrated.

Nausea, vomiting and diarrhea

Some medicines may cause digestive issues apart from your Crohn’s disease, including nausea and diarrhea. When either occur, it’s important you keep your body hydrated and well-rested.

For nausea, consider taking small bites of a cracker, or try eating your foods at room temperature. For vomiting, sip drinks throughout the day, rather than drinking a large volume at one time. For diarrhea, consider limiting foods that contain caffeine and taking dairy entirely out of your diet.

Pregnancy, breastfeeding and fertility

Let your doctor know right away if you are pregnant, planning to become pregnant or breastfeeding. Talk with your doctor about which medicines are most appropriate for you. Some medicines for Crohn’s disease are not recommended for pregnant women. And, some medicines may affect fertility.

Most women with Crohn’s disease can have a healthy pregnancy and a healthy baby. But it’s important to know what to expect if you do become pregnant.

The best time to become pregnant is while your Crohn’s is in remission. About 70 percent of women who conceive during remission stay in remission during pregnancy. Women who stay in remission throughout pregnancy have no increased risk of complications, miscarriage or birth defects.

If you become pregnant during a flare-up, your Crohn’s is more likely to remain active during the pregnancy. For 50 to 70 percent of women who conceive during a flare-up, the disease becomes more active, or worsens. And, the risk is much greater for miscarriage, premature delivery or low birth weight.

Be sure to consult both a gastroenterologist and obstetrician throughout a pregnancy.
When it’s time to call the doctor

**Chest pain**
This includes discomfort in your chest, throat or lungs. This may feel like a burning or aching chest pain. Seek emergency treatment immediately if you’ve been taking a BRM medication, especially if the pain is:

- Very severe
- Different from pain you have had before
- Occurs when you are doing a strenuous activity, such as climbing stairs

**Shortness of breath**
If you feel short of breath, call your doctor. Your doctor will determine if it is related to your medicines or another medical problem that requires prompt attention.

**Dizziness or fainting**
A drop in blood pressure could cause lightheadedness, dizziness or fainting. Call your doctor if you experience these symptoms.
Also call your doctor right away if you experience:

- Swelling in your legs, feet or ankles
- Severe diarrhea lasting for more than 48 hours
- Blood in your stool
- Fever higher than 100.5°F at any time, or you have a fever lasting longer than 48 hours
- Extreme fatigue
- Allergic-type reactions such as trouble breathing, hives, etc.

ASK YOUR DOCTOR

If you are experiencing a symptom or side effect that is worrying you, it is always best to call your doctor. Your doctor will determine if you need immediate attention and the next steps.
## Resources

<table>
<thead>
<tr>
<th>ORGANIZATION</th>
<th>DESCRIPTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Crohn’s and Colitis Foundation of America</td>
<td>The Crohn’s and Colitis Foundation of America (CCFA) is the leader in research, education and patient support for IBD (Crohn’s disease and ulcerative colitis).</td>
</tr>
<tr>
<td>ccfa.org</td>
<td></td>
</tr>
<tr>
<td>800.932.2423</td>
<td></td>
</tr>
<tr>
<td>National Institute of Diabetes and Digestive and Kidney Disease (NIDDK)</td>
<td>The National Institute of Diabetes and Digestive and Kidney Disease supports a wide range of medical research through grants to universities and other medical research institutions across the country.</td>
</tr>
<tr>
<td>digestive.niddk.nih.gov</td>
<td></td>
</tr>
<tr>
<td>800.891.5389</td>
<td></td>
</tr>
</tbody>
</table>
References


Prime Therapeutics Specialty Pharmacy LLC (Prime Specialty Pharmacy) is a wholly owned subsidiary of Prime Therapeutics LLC (Prime). Prime Specialty Pharmacy works with your health plan to provide the specialty medicines you need. Prime Specialty Pharmacy wants to help you get the most from your medicine therapy by:

→ Helping you get the medicines you need, when you need them
→ Providing ongoing, personalized support from disease-specific experts
→ Helping you manage the details so your condition does not manage you
This guide provides an overview of Crohn’s disease. It is not meant to replace medical advice from your doctor, pharmacist or other health care provider. Please contact them for more information. This guide is intended to be accurate. However, Prime Therapeutics and Prime Specialty Pharmacy are not responsible for loss or damage due to reliance on this guide.
ABOUT PRIME THERAPEUTICS
SPECIALTY PHARMACY

We are trusted by your health plan to help you get the medicine you need to feel better and live well. Our pharmacy experts are working hard to make your medicine more affordable, and your experience easier.

We are fully accredited by URAC — Specialty Pharmacy Accreditation and ACHC (Accreditation Commission for Healthcare) — Specialty Pharmacy Accreditation.

For more information on Prime Specialty Pharmacy, call 877.627.6337 (TTY 711) or visit us at PrimeTherapeutics.com/Specialty.

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